

2017 Medicare Advantage Plans	Summary of Benefits Table (East Feliciana Parish)		
	Humana Gold Plus	Humana Gold Plus	Humana Total Care Advantage
Contract ID/Plan ID	H1951-030	H1951-048	H1951-039
Organization Name	Humana Health Benefit Plan of LA	Humana Health Benefit Plan of LA	Humana Health Benefit Plan of LA
Type of Medicare Plan	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$36	\$0
Health Plan Deductible	\$0	\$0	\$0
PCP Co-pay	\$5	\$10	\$0
Specialist Co-pay	\$5-50	\$10- \$50	\$0- \$45
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$265 or 20%	\$265 or 20%	\$265 or 20%
Skilled nursing	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$110 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$150 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$145 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	Drugs not covered	\$400	\$350
Additional Coverage Offered in the Gap	Drugs not covered	\$7- \$100 and/or 25% -51%	\$5- \$100 and/ or 26%- 51%
Chemo Drugs	15%- 20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700

Summary of Benefits Table (East Feliciana Parish)			
Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice
Contract ID/Plan ID	R5826-011	R5826-068	R5826-078
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	Regional PPO	Regional PPO	Regional PPO
Monthly Consolidated Premium (includes part C & D)	\$77	\$0	\$47
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-pay	\$15	\$10- \$35	\$15/ 30%
Specialist Co-pay	\$15- \$50	\$10- \$35/ \$50	\$25- \$50/ 30%
ER	\$75 per visit (always covered)		\$75 per visit (always covered)
Ambulance	\$265 or 20%	\$265 or 20%	\$265 or 20%
Skilled nursing	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$400	Drugs not covered	\$400
Additional Coverage Offered in the Gap	\$6- \$100 and/or 25%- 51%	Drugs not covered	40%- 51%
Chemo Drugs	20%/ 19%- 25%	20%/ 30%	20%/ 30%
Out-of-Pocket Maximum	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000

Summary of Benefits Table (East Feliciana Parish)				
Medicare Advantage Plans	Peoples Health Choices 65 #14	AAA4 Vantage Traditional Plus	AAA9 Vantage Capitol	WellCare Value
Contract ID/Plan ID	H1961-014	H5576-008	H5576-021	H2491-007
Organization Name	Peoples Health	Vantage Health Plan	Vantage Health Plan	WellCare Health Plan
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$32.80	\$0	\$0
Health Plan Deductible	\$0		\$350 Out-of-network	\$0
PCP Co-pay	\$5	\$10 0%- 20%	\$25 or 0-20% per visit	\$5
Specialist Co-pay	\$45	20%	\$50 or 0-20% per visit	\$35
ER	\$75 per visit (always covered)	20% per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$220	20%	\$250	\$250
Skilled nursing	\$0 for days 1 through 20 \$155 for days 21 through 100		\$0 for days 1 through 20 \$164 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$85 for days 1 through 10 \$0 for days 11 through 90		\$335 for days 1 through 5 \$0 for days 6 through 90	\$250 for days 1 through 7 \$0 for days 8 through 90
Annual Drug Deductible	\$0	\$400	\$350	\$0
Additional Coverage Offered in the Gap	\$0- \$15 and/ or 40%- 51%	40%- 51%	40%- 51%	40%- 51%
Chemo Drugs	15%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700